



**CIGNA HEALTHCARE  
SMALL GROUP ENROLLMENT CHECKLIST  
1-50 (North Carolina) or 2-50 (South Carolina) EMPLOYEES**

**Group Name** \_\_\_\_\_ **Number of Employees** \_\_\_\_\_

**Number of Members** \_\_\_\_\_ **Requested Effective Date** \_\_\_\_\_

\_\_\_\_\_ Group Enrollment Application (NC) or Group Master Data Sheet (SC) signed by Owner or Officer of Company

\_\_\_\_\_ Completed Enrollment Application for each employee, signed and dated in ink. Anyone waiving coverage needs to indicate on this form that they are waiving.

\_\_\_\_\_ Family Medical History Questionnaire (1-24 Enrolled Employees), signed and dated in ink or Risk Appraisal Questionnaire (25-50 Enrolled Employees).

\_\_\_\_\_ Supplemental Medical Questionnaires if additional information is needed due to medical conditions.

\_\_\_\_\_ Most recent Quarterly Wage and Tax Report UCE 101 & UCE 120 or appropriate tax documents with employee status marked (Full-Time, Part-Time, Seasonal, Terminated, etc.). The summary page must be included, listing the federal Tax ID number and address.

\_\_\_\_\_ CIGNA's Preliminary Rates

\_\_\_\_\_ Binder check for the first month's estimated premium - must be a company check.

\_\_\_\_\_ PAF & either CAF or Agent of Record Letter.

\_\_\_\_\_ For Pre-existing Condition Credit: HIPAA Certificate of Coverage Letters, or the prior carrier's bill with employer certification that employees have been covered for twelve months prior, or a letter from the group on company letterhead stating "The following employees have had 12 months of continuous coverage," and lists each employee's name and SSN, the prior carrier name, and prior carrier policy number.

**Submission Deadlines:**

1<sup>st</sup> of the month effective dates – 15<sup>th</sup> of the prior month

15<sup>th</sup> of the month effective dates – 30<sup>th</sup> of the prior month

Mail submissions to:

CIGNA HealthCare – Small Group Sales  
701 Corporate Center Drive  
Raleigh, NC 27607

**Incomplete submissions will not be submitted to Underwriting.**